



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN -3 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66005235	SIKESTON DPS	DATE OF INSPECTION 06-02-2009
LOCATION OF INSTRUMENT (STREET AND CITY) 215 N. New Madrid Sikeston, Mo 63801		TIME OF INSPECTION 0822

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) **.349**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **Passed**
- CHARACTER DISPLAY TEST **Passed**
- PRINT TEST (PRINTOUT ATTACHED) **Passed**
- CMI INT. **OK**

Complete this report

CALIBRATION CHECK — within DOH Guidelines

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

- 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .97	TEST 2 .95	TEST 3 .95
-------------------	-------------------	-------------------

- SIMULATOR TEMPERATURE (34° ± .2°C) **34.0 °C**

- PERFORM REF TEST (PRINTOUT ATTACHED) **Passed**

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-04	2	.05-.09	5	.10-.14	4	.15-.19	3	Over .19	1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Reset Voltages and DVM

Voltages were a little low and DVM was below limit

Met DOH Standards

Guth Labs Lot # 0F280 .10 Expires Aug 11, 2009

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Casey Middle

TYPE II PERMIT NUMBER/EXPIRATION DATE

920098

04-27-11

TELEPHONE NUMBER

(573) 471-6200



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08280** of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain **0.1212** percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is August 11, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at
 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SIKESTON DPS
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005235
06/02/2009

DIAGNOSTIC TEST 08:22

ROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEF~~GHIJKLMNOPQRSTUVWXYZ~~
0123456789

SN 66-005235
E735.23

06/02/2009
08:25

ABCDEFGHIJKLMNPQRSTUVWXYZ0123
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!@#\$abcde

Maintenance

SUBJECT'S NAME

Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Cary Hadden

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Cary Hadden

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

© 1986 by CMI INC.

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

© 1986 by CMI INC.

SN 66-005235
E735, 23
INVALID TEST
INHIBITED - RFI

06/02/2009
08:48

SIKESTON DPS
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005235
06/02/2009

TEST	XBAC	TIME
AIR BLANK	.000	08:36
CAL. CHECK	.997	08:36
AIR BLANK	.000	08:37
CAL. CHECK	.995	08:37
AIR BLANK	.000	08:37
CAL. CHECK	.995	08:38
AIR BLANK	.000	08:38

NO RFI PRESENT

Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Carry Riddle

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI INC.



Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Carry Riddle

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI INC.



State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE III



CASEY A RIDDLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

John J. Mathewson

Director of State Public Health Laboratory

Date 04/27/09
Number 920098
Expires 04/27/2011

Maynard T. Denney

Director, Department of Health

Lab. 4 (R7-89)

MO 580-0771 (7-89)